

**BEST AVAILABLE COPY** DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

**PROCESS FOR SIZING PAPER**

the specification of which:

☒ is attached hereto, and/or

☐ was filed on \_\_\_\_\_ as Application Ser. No. \_\_\_\_\_  
or PCT International Application No. \_\_\_\_\_

☐ and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge the duty to disclose all information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Sec. 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, Sec. 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Country	Application number	Date filed (Year/Month/Day)	Priority claimed
EPO	00850195.9	2000-11-16	YES: <input checked="" type="checkbox"/> NO: <input type="checkbox"/>
EPO	00850135.5	2000-08-07	YES: <input checked="" type="checkbox"/> NO: <input type="checkbox"/>
EPO	00850136.3	2000-08-07	YES: <input checked="" type="checkbox"/> NO: <input type="checkbox"/>
EPO	00850137.1	2000-08-07	YES: <input checked="" type="checkbox"/> NO: <input type="checkbox"/>

**Docket No.: AN06162US/0150**

**I hereby claim the benefit under Title 35, United States Code Section 119(e) of any United States provisional application(s) listed below.**

<i>Application number</i>	<i>Filing date (Year/Month/Day)</i>
60/249,365	2000-11-16
60/223,367	2000-08-07
60/223,368	2000-08-07
60/223,369	2000-08-07

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following as my attorneys of record, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent Office:

**Louis A. Morris, Reg. No. 28,100**  
**Ralph J. Mancini, Reg. No. 34,054**  
**Lainie E. Parker, Reg. No. 36,123**

**Richard P. Fennelly, Reg. No. 25,677**  
**David H. Vickrey, Reg. No. 30,697**  
**Joan M. McGillicuddy, Reg. No. 35,608**

**Direct all correspondence to:**

**Lainie E. Parker**  
**Akzo Nobel Inc.**  
**Intellectual Property Department**  
**7 Livingstone Avenue**  
**Dobbs Ferry, NY 10522-3408**

**Direct telephone calls to:**

**Lainie E. Parker**  
**(914) 674-5466**

**I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Sec. 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.**

**Full name of sole or first inventor: LINDGREN Erik,**

**Inventor's signature**

**Date****Residence: Bohus, Sweden**

**Citizenship: Swedish citizen**

**Post Office Address: Åsbacken 28, SE-445 34 BOHUS, Sweden**

**BEST AVAILABLE COPY**

**Full name of second joint inventor, if any: FRÖLICH Sten,**

**Inventor's signature** 

**Date** 010607

**Residence: Askim, Sweden**

**Citizenship: Swedish citizen**

**Post Office Address: Gåsmossen 5, SE-436 39 ASKIM, Sweden**

**Full name of third joint inventor, if any: PERSSON Michael,**

**Inventor's signature** 

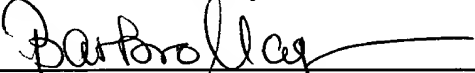
**Date** 010607

**Residence: Västra Frölunda, Sweden**

**Citizenship: Swedish citizen**

**Post Office Address: Rörviksgatan 51, SE-421 65 VÄSTRA FRÖLUNDA, Sweden**

**Full name of fourth joint inventor, if any: MAGNUSSON Barbro,**

**Inventor's signature** 

**Date** 010607

**Residence: Ytterby, Sweden**

**Citizenship: Swedish citizen**

**Post Office Address: Rättarevägen 5, SE-442 50 YTTERBY, Sweden**